## 2011 APPLICATION TO CARRY FORWARD EXCESS ANNUAL LEAVE

(To be completed by the employee)

EMPLOYEE NAME: EII	N:
AGENCY:POSITION NUMBER:	
WORK LOCATION: WORK PHONE:	
COVERED EMPLOYEE: YES NO	
Was leave carried over last year?	
I will be unable to reduce my allowed annual leave balance to 240* hours (320 hours for ar employee) by 1/6/12 and wish to submit an application for an exception. Projected excess:	
*NOTE: An employee who has earned additional annual leave for working on a state holiday may car holiday annual leave earned. However, an agency head may pay the employee for any or all of the e annual leave at any time, subject to available funding. If you have any questions, please contact your Resources Office for assistance.	mployee's holiday
Provide the specific reason(s) for the request and the attempts that have been made to eleave within the current calendar year:	exhaust the excess
I am requesting (please check the appropriate box):  The excess hours be carried forward** to the next calendar year.	
☐ Subject to available funding, the excess hours be paid.	
A combination of both: hours paid and hours carried forward*	*.
**If requesting any hours be carried forward to the next calendar year, please provide you ensure the excess annual leave is used by <b>4/28/12</b> , and your plan to ensure you will not h leave in future years:	

## 2011 APPLICATION TO CARRY FORWARD EXCESS ANNUAL LEAVE (cont'd)

SIGNATURES				
Employee Signature	Date			
		RECOMMEND	APPROVAL DENIAL	
Immediate Supervisor's Signature	Date			
AGENCY RECOMMENDATIONS				
		RECOMMEND	APPROVAL DENIAL	
(Name, Title, Signature)	Date			
		RECOMMEND	APPROVAL DENIAL	
(Name, Title, Signature)	Date			
		RECOMMEND	APPROVAL DENIAL	
(Name, Title, Signature)	Date			
		RECOMMEND	APPROVAL DENIAL	
(Name, Agency HR Manager, Signature)	Date			
FOR ARIZONA DEPARTMENT OF ADMIN	STRATION USE ON	LY		
		APPRO\	APPROVED DENIED	
Scott A. Smith, Director	Date		<del></del>	